

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 87208RLW
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To: Commissioner for Patents
P.O. Box 1450
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22386 U.S. PTO
10/748609

**DIGITAL IMAGE COMPRESSION UTILIZING
SHRINKAGE OF SUBBAND COEFFICIENTS**

First Named Inventor (or Application Identifier):

Majid Rabbani, et al.

Enclosed are:

1. ☒ Specification
2. ☐ 16 Sheet(s) of drawing(s)
3. ☐ Information Disclosure Statement Under 37 CFR 1.97.
4. Combined Declaration for Patent Application and Power of Attorney:
 - 4a. ☒ New (UNSIGNED)
 - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)
5. ☐ Incorporation by Reference (useable if Box 4b is checked)
6. ☐ Assignment of the invention to
7. ☐ Certified copy of a priority
8. ☐ Associate Power of Attorney

☐ The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☐ Deletion of Inventor(s).
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. :
12. ☒ Please address all written communications to Mark G. Bocchetti, Patent Legal Staff,
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to Robert Luke Walker at (585) 588-2739.

The filing fee has been calculated as shown below:

| FOR: | NO. FILED | NO. EXTRA | RATE | FEE |
|------------------------------------|-----------|-----------|--------------|---------------|
| BASIC FEE | | | | \$ 770 |
| TOTAL CLAIMS | 20 - 20 = | 0 | x 18 = | \$ 0 |
| INDEPENDENT CLAIMS | 3 - 3 = | 0 | x 86 = | \$ 0 |
| MULTIPLE DEPENDENT CLAIM PRESENTED | | | + 290 | \$ 0 |
| | | | TOTAL | \$ 770 |


☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of **\$ 770**

A duplicate copy of this sheet is enclosed

☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.

A duplicate copy of this sheet is enclosed.

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